#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080619 3 COMMITTEE NAME **OFFICE USE ONLY** Charter Schools Now PAC Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3005 S. Lamar Blvd Date Hand-delivered or Date Postmarked Suite D109 #250 Change of Address Austin, TX 78704 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rex NAME NICKNAME LAST **SUFFIX** Gore STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1304 W. Oltorf St. STREET **ADDRESS** (Residence or Business) Austin, TX 78704 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3005 S. Lamar Blvd MAILING **ADDRESS** Suite D109 #250 Austin, TX 78704 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 694-7777 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Charter Schools Now PAC		00080619	9
14 COMMITTEE 1. Candidate ACTIVITY (Identify by name applicable, classify	or, if	Of Education	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures     (Describe by date of election and nate)			
	B. Opposed		
Officehold     Assisted     (Identify by name applicable, classify	or, if		
TOTALS PLEDGES CONTRIB	NITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 5, LOANS, OR GUARANTEES OF LOANS, OR UTIONS MADE ELECTRONICALLY) if this report qualifies for the higher itemization threshold	\$	0.00
	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$	434,316.81
EXPENDITURE 3. TOTAL UN TOTALS	NITEMIZED POLITICAL EXPENDITURES	\$	153.96
4. TOTAL P	POLITICAL EXPENDITURES	\$	135,727.06
	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA EPORTING PERIOD	ST DAY \$	1,529,823.81
	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS ( ' OF THE REPORTING PERIOD	OF THE \$	0.00
16 AFFIDAVIT		<u>'</u>	
	I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.		
	F	Rex Gore	
	Signature of	Campaign Treas	surer
AFFIX NOTARY STAMP / SEAI	L ABOVE		
Sworn to and subscribed before me, by	the said	_, this the	day
of, 20,	to certify which, witness my hand and seal of office.		
Signature of officer administering oath	n Printed name of officer administering oath	Title of off	ficer administering oath

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC				00080619	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Angie Chen Butte	on State Repre	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates		Ben Bumgarner	State Represen	ntative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Den Bumgumer	otate Represen	nativo	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain Sta	ate Representati	ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Candy Noble State Representa	tive
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Charlene Ward Johnson State	Representative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Charlie Geren State Represent	ative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders     Assisted     (Identify by name or, if			

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MMITTEE NAME arter Schools Now P. MMITTEE TIVITY  ach lists on plain per to complete this ort if necessary.)	AC  1. Candidates (Identify by name or, if applicable, classify by party.)		Christian Mar	uuel Hayes State R	13 Filer ID 00080619	(Ethics Commission Filers)
MMITTEE TIVITY  ach lists on plain per to complete this	Candidates  (Identify by name or, if		Christian Mar	uel Hayes State R		
TIVITY ach lists on plain per to complete this	(Identify by name or, if		Christian Mar	uel Hayes State R	oprocontativo	
er to complete this				,	epresentative	
		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
MMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cody Harris	State Representativ	/e	
ach lists on plain per to complete this ort if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
MMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner	State Representativ	/e	
ach lists on plain per to complete this ort if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	FIVITY  ach lists on plain er to complete this	applicable, classify by party.)  MMITTEE FIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	A. Supported  I. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed	applicable, classify by party.)  MMITTEE FIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  A. Supported  A. Supported  Gescribe by date and location of election and nature of issue.)  B. Opposed	A. Supported Cole Hefner State Representative (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed	A. Supported Cole Hefner State Representative    Cole Hefner State Representative

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Charter Schools Now Pa	AC			00080619
	1. Candidates (Identify by name or, if applicable, classify by party.)		David Spiller State Representat	ive
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Candidates     (Identify by name or, if applicable, classify by party.)		DeWayne Burns State Represe	ntative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Drew Darby State Representati	ve
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders ASSISTED (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE  ACTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  ACTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  COMMITTEE  ACTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  COMMITTEE  ACTIVITY  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE  ACTIVITY  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  ACTIVITY  A. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	COMMITTEE ACTIVITY    A. Supported   David Spiller   State Representation

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC				00080619	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dustin Burrows	State Represen	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclair	State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Frederick Frazi	er State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if					

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Staci Childs State Board Of Edu	ucation	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Giovanni Capriglione State Rep	resentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		or and or programme or programm		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Grant Moody County Commission	oner	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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OOMANITTEE NAME				
COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Charter Schools Now P	AC			00080619
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen State Representa	tive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Harold V. Dutton State Represe	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Jacey Jetton State Representat	ive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	(Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)	ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)	ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe this report if necessary.)  2. Measures (Describe this report if necessary.)  3. Officeholders Assisted (Describe this report if necessary.)  2. Measures (Describe this report if necessary.)  3. Officeholders Assisted (Describe this report if necessary.)  2. Measures (Describe this report if necessary.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identity by name or, if applicable, classify by party.)

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COMMITTEE NAME Charter Schools Now Pa					13 Filer ID	(Ethics Commission Filers)
Charter Schools Now Pa						(
	AC				00080619	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		James Talarico S	tate Represen	tative	
Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates		Jarvis Johnson S	tate Represen	tative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			·		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach State	Representative	9	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  4. COMMITTEE (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported (Describe by date and location of election and nature of issue.)  5. Opposed B. Opposed B. Opposed B. Opposed (Identify by name or, if applicable, classify by party.)  6. COMMITTEE ACTIVITY  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed B. O	Attach lists on plain haper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported  5. Opposed  5. Opposed  6. Opposed  6. Opposed  7. Committee  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if application and nature of issue.)  1. Candidates (Identify by name or, if application and nature of issue.)  8. Opposed  9. Opposed	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (identity by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue).  3. Officeholders (Describe by date and location of election and nature of issue).  4. Supported Jarvis Johnson State Represent paper to complete this eport if necessary.)  5. Measures (Describe by date and location of election and nature of issue).  6. Opposed  7. Measures (Identity by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed	Attach lists on plain saper to complete this eport if necessary.)  2. Measures (Crescribe by date and bostom of offectors and nature of decore)  2. Measures (Crescribe by date and bostom of offectors)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  COMMITTEE  A. Supported  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  Committee of decore and value of decore

## FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Charter Schools Now P	AC			00080619	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		John Kuempel State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Keith Bell State Representa	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
001414	applicable, classify by party.)	l			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ken King State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	Assisted (Identify by name or, if				

# FORM GPAC ADDENDUM

Page 12 of 48

						1 age 12 of 16
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Kitzman State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Kronda Thimesch State Repres	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull State Representative	)	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				

# FORM GPAC ADDENDUM

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						1 age 10 of 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mano DeAyala State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Mo Jenkins State Representativ	'e	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		wo definition of the Propresentative	C	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Morgan Meyer State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				

# FORM GPAC ADDENDUM

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						1 490 1 1 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ray Lopez State Representative	9	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Ron Reynolds State Representa	etive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Non Neyholds State Represent	auve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Nathan Johnson State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
		•	•			

## FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Charter Schools Now P	AC			00080619
	Candidates     (Identify by name or, if applicable, classify by party.)		Shawn Thierry State Representa	ative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	1. Candidates	A. Supported	Stan Gerdes State Representati	ive
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	1. Candidates (Identify by name or, if applicable, classify by party.)		Stephanie Klick State Represen	tative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Candidates (Identify by name or, if applicable, classify by party.)  5. COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)  4. Candidates (Identify by name or, if applicable, classify by party.)  5. COMMITTEE ACTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  4. Candidates (Identify by name or, if applicable, classify by party.)  5. Measures (Identify by name or, if applicable, classify by party.)  6. Committee ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  1. Candidates  (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures  (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders  A. Supported  (B. Opposed  B. Opposed	COMMITTEE ACTIVITY    A. Supported   Shawn Thierry State Represent (learnly by name or, if applicable, classify by party).

## FORM GPAC ADDENDUM

Page 16 of 48

12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now P	AC			00080619	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Steve Allison State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Steve Toth State Representat	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Terry Wilson State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		3. Officeholders Assisted (Identify by name or, if				

## FORM GPAC ADDENDUM

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COMMITTEE NAME Charter Schools Now Pa	• •				13 Filer ID	(Ethics Commission Filers)
Charter Schools Now Pa						,
	AC				00080619	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan	State Representa	tive	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	John Smithee	State Representa	ative	
	(Identify by name or, if applicable, classify by party.)					
Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Hubert Vo Sta	te Representative	<b>)</b>	
Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. 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Measures (Describe by date and location of election and nature of issue.)  8. Opposed  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported Hubert Vo Stationary of election and nature of issue.)  5. Measures (Identify by name or, if applicable, classify by party.)  6. Supported Hubert Vo Stationary of election and nature of issue.)  6. Supported Hubert Vo Stationary of election and nature of issue.)  7. Measures (Identify by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  1. Opposed	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)  4. Supported John Smithee State Representative (Identity by name or, if applicable, classify by party.)  5. Measures (Describe by date and location of election and nature of issue.)  6. Opposed  7. Measures (Identity by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed  9. Opposed  9. Opposed  1. Candidates (Identity by name or, if applicable, classify by party.)  1. Candidates (Identity by name or, if applicable, classify by party.)  1. Candidates (Identity by name or, if applicable, classify by party.)  1. Candidates (Identity by name or, if applicable, classify by party.)  1. Candidates (Identity by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  9. Opposed  1. Candidates (Identity by name or, if applicable, classify by party.)  1. Candidates (Identity by name or, if applicable, classify by party.)	Attach lists on plain saper to complete this eport if necessary.)  2. Measures (Chescribe by date and location of offection and nature of fesce)  3. Officeholders Assisted (Identify by name or. if applicable, classify by party).  Attach lists on plain saper to complete this eport if necessary.)  2. Measures (Chescribe by date and location of offection and nature of fesce).  3. Officeholders Assisted (Identify by name or. if applicable, classify by party).  4. Supported John Smithee State Representative described by party.  5. Opposed  6. Opposed  7. Measures (Describe by date and location of offection and nature of fesce).  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed  9. Opposed  1. Candidates  1. Cand

## GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PURPUSE						Page 18 of 48
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Charter Schools Now I	PAC				00080619	
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Tom Maynard	State Board Of E	ducation	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted					
	(Identify by name or, if applicable, classify by party.)					

## **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					19 of 48
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics (	Commission Filers)
Ch	arter So	chools Now PAC	00080619		
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	434,316.81
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		\$			
5.		\$			
6.		\$			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9. SCHEDULE E: LOANS				\$	
10.	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				134,460.62
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,266.44
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 20/48	
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission 00080619	on Filers)
4	Date 01/22/2024	<ul><li>5 Full name of contributor Acevedo, Jennifer</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$26.35
	Dringing Loon	Lebanon, NH 03766	lo.	Employer (Coa Instructions	_		
8		pation / Job title (See Instructions) search Analyst	9	Employer (See Instructions TPCSA	·)		
	Date 01/18/2024	Full name of contributor  Adams, Bryce  Contributor address; City; State		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Gov't Affairs			TPCSA	,		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$2,500.31
		San Antonio, TX 78217					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions) Retired			
	Date 01/07/2024	Full name of contributor Ay, Faith  Contributor address; City; State  Richmond, TX 77406	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$26.35
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Harmony Public Schools			
	Date O1/22/2024  Bedell, Renelle  Contributor address; City; State; Zip Code  Austin, TX 78747			Amount of Contribution (\$)	\$5.52		
	Principal occu Nonprofit Op	pation / Job title (See Instructions) perations		Employer (See Instructions TPCSA	i)		
			'				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 21/48	
2	FILER NAME Charter Scho	pols Now PAC				3	Filer ID (Ethics Commission 00080619	n Filers)
4	Date 01/22/2024	<ul><li>5 Full name of contributor Chesser, Molly</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		)	7	Amount of Contribution (\$)	\$26.35
8		Houston, TX 77006 pation / Job title (See Instructions	)	9	Employer (See Instructions	<u> </u> s)		
	Grants Mana				TPCSA	_	Amount of Contribution (Φ)	
	Date 01/22/2024	Full name of contributor Coleman, Starlee Contributor address; City; Si			)		Amount of Contribution (\$)	\$1,041.98
		Austin, TX 78704			5 1 (0 1 1 1	<u></u>		
	CEO	pation / Job title (See Instructions	i)		Employer (See Instructions TPCSA	5)		
Date Full name of contributor out-of-state PAC (ID#: 01/22/2024 Corte, Katrina  Contributor address; City; State; Zip Code			)	•	Amount of Contribution (\$)	\$5.52		
		Los Angeles, CA 90293						
	Principal occu Events	pation / Job title (See Instructions	·)		Employer (See Instructions TPCSA	s)		
	Date 01/22/2024	Full name of contributor Garcia, Brandon Contributor address; City; Si San Antonio, TX 78261	out-of-state PAC (ID#:_ ate; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu Government	pation / Job title (See Instructions Affairs	)		Employer (See Instructions TPCSA	5)		
	Date 01/19/2024	Full name of contributor Gendron, Christine Contributor address; City; Si Austin, TX 78721	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu Vice preside	pation / Job title (See Instructions nt	)		Employer (See Instructions TPCSA	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 22/48
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission Filers) 00080619
4	Date 01/19/2024			7	Amount of Contribution (\$) \$50.00	
8	Principal occu	Lakeway, TX 78738 pation / Job title (See Instructions)	ام	Employer (See Instructions	;) 	
Ŭ	VP Advocacy			TPCSA	,,	
	Date 01/19/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$25,000.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	CEO			Alta Resources LLC		
	Date 01/19/2024	Full name of contributor out-of-state Gunter, Elizabeth  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$) \$25.00
	Principal occu	Village of The Hills, TX 78738 pation / Job title (See Instructions)		Employer (See Instructions	:) 	
	Developmen			TPCSA	,	
	Date 01/12/2024	Harte, William	PAC (ID#:	)		Amount of Contribution (\$) \$2,500.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)	
	Date 01/18/2024	Full name of contributor out-of-state Hecker, Ryan Contributor address; City; State; Zip Code Austin, TX 78735		)		Amount of Contribution (\$) \$52.40
		Principal occupation / Job title (See Instructions)  Managing Director  Employer (See Instructions)  CSN			5)	

	MONET	ARY POLITICAL (	CONTRIBUTION	NS 		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 23/48	
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission 00080619	on Filers)
4	Date 01/03/2024	<ul><li>5 Full name of contributor Lewis, Steve C.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78209-4					
8	Principal occu Senior Lead	pation / Job title (See Instructions ership	9	Employer (See Instructions Jefferson Bank	s) 		
	Date 01/22/2024	Full name of contributor Mar, Ila Contributor address; City; S Corpus Christi, TX 78418				Amount of Contribution (\$)	\$5.52
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
	Date 01/22/2024	Full name of contributor Miller, Amy Contributor address; City; S	tate; Zip Code		-	Amount of Contribution (\$)	\$5.00
		Dripping Springs, TX 786 pation / Job title (See Instructions rassroots Engagement		Employer (See Instruction:	<u> </u> s)		
	Date 01/04/2024	Full name of contributor Mitchell, Julia Contributor address; City; S Austin, TX 78748	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.73
	Principal occu Fundraising	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>I</u> S)		
	Date 01/17/2024	Full name of contributor Recasner, Shree Contributor address; City; S The Woodlands, TX 7738				Amount of Contribution (\$)	\$52.40
	Principal occu Trainer	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 24/48	
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission 00080619	ı Filers)
4	Date 01/22/2024	11/22/2024 Rios, Crystal  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.73	
8	Principal occu	San Antonio, TX 78224 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Advocacy			TPCSA			
	Date 01/22/2024	Full name of contributor out- Salazar, Angel Contributor address; City; State; Zip				Amount of Contribution (\$)	\$26.35
		Kyle, TX 78640					
	Principal occu CRM Admin	pation / Job title (See Instructions)		Employer (See Instructions TPCSA	s)		
	Date	Full name of contributor Out-	of-state PAC (ID#:	```	Г	Amount of Contribution (\$)	
	01/22/2024	Shopoff, Jessica  Contributor address; City; State; Zip Code				Amount of Contribution (a)	\$26.35
		San Antonio, TX 78261					
	Principal occu Senior Direc	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/24/2024	Speegle, Tara		)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) egional Advocacy		Employer (See Instructions Texas Public Charter So	•	ol Association	
	Date 01/17/2024	Tholen, Erin		)		Amount of Contribution (\$)	\$26.35
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 25/48
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission Filers) 00080619
4	Date 01/24/2024	<ul> <li>Full name of contributor  out-of-state F Tredway, Sarah</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$) \$26.35
_	5	Sugar Land, TX 77479	- la	5 1 (0 1 1 1		
8	Advocacy	pation / Job title (See Instructions)	9	Employer (See Instructions TPCSA	5)	
	Date 01/24/2024	Full name of contributor out-of-state F Tredway, Sarah Contributor address; City; State; Zip Code	-			Amount of Contribution (\$) \$26.35
	Principal occu	Sugar Land, TX 77479		Employer (See Instructions	·/	
	Advocacy	pation / Job title (See Instructions)		Employer (See Instructions TPCSA	»)	
	Date 01/09/2024	Full name of contributor out-of-state F Walton, Jim Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$) \$400,000.00
	Principal occu	Bentonville, AR 72712 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)	
	Banking	, , , , , , , , , , , , , , , , , , ,		Arvest Bank		
	Date 01/24/2024	Full name of contributor out-of-state F Wilson, Brent  Contributor address; City; State; Zip Code  Midlothian, TX 76065	-	)		Amount of Contribution (\$) \$52.40
	Principal occu Superintende	pation / Job title (See Instructions) ent		Employer (See Instructions Life School	5)	
	Date 01/25/2024	Full name of contributor out-of-state F Wilson, Meg Contributor address; City; State; Zip Code Austin, TX 78704		)		Amount of Contribution (\$) \$62.23
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
			•			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1
	The Instruction Guide explains how to complete this	form	ı.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 26/48
2	2 FILER NAME Charter Schools Now PAC			3	Filer ID (Ethics Commission Filers) 00080619
4	Date 01/25/2024  5 Full name of contributor out-of-state PAC (ID#:) Wright, Julia 6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$) \$26.27
Q.	Rosharon, TX 77583  3 Principal occupation / Job title (See Instructions)	9 1	Employer (See Instructions		
0	Superintendent		employer (See mstructions MeyerPark	)	

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/21 Rpt: 27/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Aaron Kinsey Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 605
Expenditure from corporate funds	Midland, TX 79702
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	T -
Date	Payee name
01/02/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$208.65	1340 Poydras St., Ste. 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/09/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.73	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/21 Rpt: 28/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/09/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.31	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit Card Merchant Fees
	Great Gara Werenant rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/10/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.35	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Cradit Cord Morehant Face
	Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/18/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$100.30	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/21 Rpt: 29/48	Charter Schools Now PAC	00080619
4 Date	5 Payee name	
01/19/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3.75	1340 Poydras St., Ste. 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit Card Merchant Fees
		Orealt Gurd Merchant 1 ees
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		Collice Held
Date	Payee name	
01/23/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$9.60	1340 Poydras St., Ste. 1770	
Evpanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	, (************************************	) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		
Data	Page 1999	
Date	Payee name	
01/25/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$3.12	1340 Poydras St., Ste. 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
Occupation Children	Overdidate/Office halden as a constant of the	061-1-
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
, , . ,		

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total marine Cabadida F1.	2 File ID (Ethics Commission Files)
1 Total pages Schedule F1: Sch: 4/21 Rpt: 30/48	2 FILER NAME Charter Schools Now PAC 3 Filer ID (Ethics Commission Filers) 00080619
4 Date	5 Payee name
01/25/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.35	1340 Poydras St., Ste. 1770
Expenditure from	New Orleans I A 70440
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/19/2024	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	, , , , , , , , , , , , , , , , , , ,
\$1,000.00	PO Box 832748
Expenditure from	
corporate funds	Richardson, TX 75083
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/19/2024	Ben Bumgarner Campaign
01/19/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5150 Kensington Ct.
Expenditure from corporate funds	Flower Mound, TX 75022
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/21 Rpt: 31/48	2 FILER NAME Charter Schools Now PAC	3 Filer ID (Ethics Commission Filers) 00080619
4	Date 01/19/2024	5 Payee name Briscoe Cain Campaign	
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 7	
	Expenditure from corporate funds	Deer Park, TX 77536	
8	PURPOSE OF EXPENDITURE	Contributions/Bonations/Wade By	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Contribution
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date 01/18/2024	Payee name CallHub	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1811 Silverside Rd.	
	Expenditure from corporate funds	Wilmington, DE 19810	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense none Calls, Texting Service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/24/2024	Payee name CallHub	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1811 Silverside Rd.	
	Expenditure from corporate funds	Wilmington, DE 19810	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense none Calls, Texting Service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/21 Rpt: 32/48	Charter Schools Now PAC 00080619	
4 Date	5 Payee name	٦
01/19/2024	Candy Noble Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,000.00	1105 E Main St #223	
Expenditure from corporate funds	Allen, TX 75002	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Dete		=
Date	Payee name Charlena Word Johnson Compaign	
01/24/2024	Charlene Ward Johnson Campaign	_
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	PO Box 925775	
Expenditure from		
corporate funds	Houston, TX 77292	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	<del>1</del>	
Date	Payee name	=
01/19/2024	Charlie Geren Campaign	
Amount (\$)	Payee address; City; State; Zip Code	-
\$1,000.00	PO Box 1440	
·		
Expenditure from corporate funds	Fort Worth, TX 76101	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Supplication to bottom 0/01		┙

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/21 Rpt: 33/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Christian Manuel Hayes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	3801 Turtlecreek Dr.
Expenditure from corporate funds	Port Arthur, TX 77642
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/20/2024	Christian Manuel Hayes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3801 Turtlecreek Dr.
\$1,000.00	3001 Tuttlecreek Dr.
Expenditure from	
corporate funds	Port Arthur, TX 77642
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/19/2024	Cody Harris for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1007 N Mallard St
Ψ2,000.00	2001 It Mahard Ot
Expenditure from	
corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/21 Rpt: 34/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Cole Hefner for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 167
- "	
Expenditure from corporate funds	Mount Pleasant, TX 75456
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
O Commission ONLY if dispose	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/19/2024	David Spiller for Texas Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 447
Expenditure from corporate funds	Jacksboro, TX 76458
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/19/2024	DeWayne Burns Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	703 Stonelake Drive
42,000.00	100 0.01.01.01.01
Expenditure from	Clahuma TV 70022
corporate funds	Cleburne, TX 76033
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh Sommand
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/21 Rpt: 35/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Drew Darby Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 3284
Expenditure from corporate funds	San Angelo, TX 76902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/O	1
Date	Payee name
01/19/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	3810 85th St.
. ,	
Expenditure from corporate funds	Lubbock, TX 79423
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/19/2024	Ellen Troxclair for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	701 Hwy 280, Suite H #196
Ψ2,500.00	10111Wy 200, Suite 11 #130
Expenditure from	Markla Falla TV 700F4
corporate funds	Marble Falls, TX 78654
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/21 Rpt: 36/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Frazier for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4100 Eldorado Pkwy Ste 100 PMB 241
Expenditure from corporate funds	McKinney, TX 75070
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/OI	<u>'</u>
Date	Payee name
01/19/2024	Friends of Staci Childs
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1201 Fannin Street Ste 102
Expenditure from corporate funds	Houston, TX 77002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Commission ONLL V if dispose	Condidate Office holds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
01/19/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 92007
Expenditure from	
corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete CALL V if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/21 Rpt: 37/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/22/2024	Grant Moody Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	2101 NW Military Hwy
Expenditure from corporate funds	Castle Hills, TX 78213
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	<u> </u>
Date	Payee name
01/19/2024	Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/19/2024	Harold V. Dutton for State House
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	3303 Main St. Ste. 303
Expenditure from	
corporate funds	Houston, TX 77002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/21 Rpt: 38/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Jacey Jetton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1108 Soldiers Field Dr. Ste 360
Expenditure from corporate funds	Sugar Land, TX 77479
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/19/2024	James Talarico Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 5850
42,000.00	. 6 23/1, 6666
Expenditure from corporate funds	Round Rock, TX 78683
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Jarvis Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1051 Cottage Oak Ln
Expenditure from	
corporate funds	Houston, TX 77091
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/21 Rpt: 39/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Jeff Leach Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 866186
Expenditure from	
corporate funds	Plano, TX 75086
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
01/19/2024	John Kuempel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	902 E. College St.
Expenditure from	
corporate funds	Seguin, TX 78155
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Onicerioider/Political Committee Campaign Contribution
	Gampaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
01/19/2024	Keith Bell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1178
Expenditure from	
corporate funds	Forney, TX 75126
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 14/21 Rpt: 40/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Ken King Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1202
Expenditure from corporate funds	Canadian, TX 79014-1202
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaigh Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/19/2024	Kitzman for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 553
Expenditure from corporate funds	Pattison, TX 77466
	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Avertee TV officeholder living average.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/19/2024	Kronda Thimesch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 118978
Expenditure from corporate funds	Carrollton, TX 75011
	To a second seco
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations wade by
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		mmittee Legal Services Salaries		Se Travel Out of District S/Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/21 Rpt: 41/48		Charter Schools Now PAC		00080619
4	Date	5	Payee name		•
	01/19/2024		Lacey Hull for Texas		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$2,500.00		PO Box 19231		
	Expenditure from corporate funds		Houston, TX 77224		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	``	Contributions/Donations Made By	``	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
					Campaign Contribution
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ought	Office held
	Date		Payee name		
	01/19/2024		Mano DeAyala for State Representative		
	Amount (\$)	$\vdash$	Payee address; City; State; Zip C	Code	
	\$1,000.00		12335 Kingsride Lane #416		
	Expenditure from corporate funds		Houston, TX 77024		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Candidate/Officeriolder/1 officer Committee		Campaign Contribution
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ought	Office held
	Date		Payee name		
	01/24/2024		Mo Jenkins Campaign		
	Amount (\$)		Payee address; City; State; Zip C	ode.	
	\$2,500.00		1717 W 34th St, Ste 600-263	Jouc	
	42,000.00		1717 77 6 747 64, 646 666 266		
	Expenditure from corporate funds		Houston, TX 77018		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Candidate/Officeholder/Political Committee		Campaign Contribution
					F 9
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O		-	5 -	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/21 Rpt: 42/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Morgan Meyer Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3838 Oak Lawn Avenue Ste 400
Expenditure from corporate funds	Dallas, TX 75219
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Sampaigh Sonaissaion
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	'
Date	Payee name
01/19/2024	Ray Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5309 Wurzbach Road, Ste. 100-7
\$1,000.00	5509 Wulzbach Roau, Ste. 100-7
Expenditure from	
corporate funds	San Antonio, TX 78238
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/05/2024	RightSide Compliance LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,332.50	PO Box 341027
Expenditure from	
corporate funds	Austin, TX 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

xpense Travel in Dis xpense Travel Out o Vages/Contract Labor OTHER (ent

Candidate/Officeholder/Politica Credit Card Payment		s:Wages/Contract Labor OTHER (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)
Sch: 17/21 Rpt: 43/48	Charter Schools Now PAC	00080619
4 Date	5 Payee name	
01/06/2024	Rogy Productions	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$8,345.00	322 Gamblewood	
40,010.00	oll dambioweda	
Expenditure from		
corporate funds	Universal City, TX 78148	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Video Production
9 Complete ONLY if direct	Candidate/Officeholder name Office s	cought Office held
expenditure to benefit C/OI	1	
Date	Payee name	
01/19/2024	Ron Reynolds Campaign	
Amount (\$)	Payee address; City; State; Zip	Code
\$1,000.00	6140 Hwy. 6 South, Ste. 233	
Evpanditura from		
Expenditure from corporate funds	Missouri City, TX 77459-3802	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI		3
Date	Payee name	
01/19/2024	Senator Nathan Johnson	
Amount (\$)	Payee address; City; State; Zip	Code
\$1,000.00	PO Box 670994	
Expenditure from corporate funds	Dallas, TX 75367	
•		Tax
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Onicenoider/Political Committee	Campaign Contribution
		Campaign Continuation
Operation Children	Open distant (Office In all law)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	cought Office held
3.,poa.a.a to bonont 0/01		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/21 Rpt: 44/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/19/2024	Shawn Thierry Campaign
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 5100 Westheimer #200
Ψ2,300.00	S100 Westhermer #200
Expenditure from corporate funds	Houston, TX 77056
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/19/2024	Stan Gerdes for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	606 Gresham St.
Expenditure from corporate funds	Smithville, TX 78957
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/19/2024	Stephanie Klick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 7592
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - I Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Polli opense Prin	ing Expens ting Expens			Travel in District Travel Out of Di		
Credit Card Payment		The Instruction Guid	le explains how	to compl	ete this form.				
1 Total pages Schedule F1: Sch: 19/21 Rpt: 45/48	_	E hools Now PAC				3	Filer ID 00080619	(Ethics Commission File	ers)
4 Date	<b>5</b> Payee name					<u> </u>			
01/19/2024		on Campaign							
6 Amount (\$)	<b>7</b> Payee addre		State; Zir	. Code					
\$1,000.00	_	ok Hollow Blvd, Bo	′ '	Code					
Expenditure from corporate funds	San Antoni	o, TX 78232							
8 PURPOSE	(a) Category (S	see Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITURE		ns/Donations Mad Officeholder/Politio	•	<b>;</b>		n, TX	, officeholder livin	plete Schedule T. g expense	
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office	sought			Office h	eld	
Date	Payee name	<del></del>							
01/19/2024	Steve Toth	Campaign							
Amount (\$)	Payee addre	ess; City;	State; Zip	Code					
\$1,000.00	67 Chestnเ	ıt Meadow Dr.							
Expenditure from corporate funds	Conroe, TX	77384							
PURPOSE OF		see Categories listed at the		(b)	Description	outo	ide of Toyas, Com	nplete Schedule T.	
EXPENDITURE		ns/Donations Mad Officeholder/Politio	,	;		n, TX	, officeholder living		
Commiste ONII V if divest	Canadidate/Off		Office				Office b	ماما	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Опісе	sought			Office h	eia	
Date	Payee name	!							
01/19/2024	Terry Wilso	n Campaign							
Amount (\$) \$1,000.00	Payee addre		State; Zip	Code					
Expenditure from corporate funds	Marble Fall	s, TX 78654							
PURPOSE	(a) Category (S	see Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITURE		ns/Donations Mad Officeholder/Politio		÷		n, TX	, officeholder livin	plete Schedule T. g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office	sought			Office h	eld	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/21 Rpt: 46/48	Charter Schools Now PAC 00080619
4 Date	5 Payee name
01/16/2024	Texans for Dade
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,000.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to serient eye	
Date	Payee name
01/22/2024	Texas Public Charter Schools Association
Amount (\$)	Payee address; City; State; Zip Code
\$1,050.00	3005 S Lamar Blvd, Suite D-447
Expenditure from corporate funds	Austin, TX 78704
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Video Footage Licensing Fee
	Video i ootage Electioning i ee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/19/2024	The Honorable John Smithee
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	320 S. Polk, Ste. 920
Expenditure from corporate funds	Amarillo, TX 79101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Services Sa	alaries/Wage	se s/Contract Labor	OTHER (enter a	category not listed above)
•		Instruction Guide explains hov	v to compl	ete this form.		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 21/21 Rpt: 47/48	Charter Schools	Now PAC			00080619	
4 Date	5 Payee name					
01/19/2024	The Hubert Vo	Campaign				
6 Amount (\$)	7 Payee address;	City; State; Z	ip Code			
\$1,000.00	11360 Bellaire E	•	•			
		•				
Expenditure from corporate funds	Houston, TX 77	172				
<u>'</u>			(4.)			
8 PURPOSE OF		egories listed at the top of this schedul	e) (b)	Description  Check if travel of	outside of Texas. Com	nloto Schodulo T
EXPENDITURE		onations Made By eholder/Political Committe	.e		TX, officeholder living	
	Garialaate/Gillo	sholder/i olladar committe		Campaign Co		
9 Complete ONLY if direct	Candidate/Officeho	lder name Offic	e sought		Office h	eld
expenditure to benefit C/O	1					
Date	Payee name					
01/19/2024	The Tom Mayna	ord Campaign				
Amount (\$)	Payee address;	City; State; Z	in Code			
\$2,500.00	PO Box 625	City, State, 2	ip couc			
Ψ2,300.00	1 O DOX 023					
Expenditure from	Florence TV 70	F07				
corporate funds	Florence, TX 76		T			
PURPOSE OF		egories listed at the top of this schedul	e) (b)	Description	outside of Toylog Com	plata Cahadula T
EXPENDITURE		onations Made By eholder/Political Committe	مد	<u></u>	outside of Texas. Com TX, officeholder living	
	Carialdate/Office	cholder/r ondedi committe		Campaign Co		
Complete ONLY if direct	Candidate/Officeho	lder name Offic	e sought		Office he	eld
expenditure to benefit C/O	1		· ·			

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense ices	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate		
		The Inst	ruction Guide explains	how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commis	sion Filers)
	Sch: 1/1 Rpt: 48/48	Charter Schools No	w PAC		00080619		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED		
	ISSUER	Region	ns Bank	EXPENDITURES	<b> \$</b>		
		i togioi	io Barin	CHARGED TO A CRE CARD	ווט		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	<b></b> suer Paid		
	Expenditure from	. ,					
	corporate funds	\$1,266.44	01/24/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
-		(a) I ayee hame		2301 Akard St.	Oity,	Otato,	Zip Code
		The Henry		2301 Akaid St.			
				Dallas, TX 75201			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top		PAC Fundraising Brea	kfast		
	X Political	Food/Beverage Expe	nse	The second secon			
	Non-Political	(a)	of Towns Committee Colorada	- T	TV -#6bbb		
_	Complete ONLY if direct	(c) Check if travel outside  Candidate/Officeholder	of Texas. Complete Schedule	Office sought	TX, officeholder living Office held	expense	
	expenditure to benefit C/OH	Candidate/Officeriolaer	name C	onice sought	Office field		
	•						
l							